

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

51-07197

BIRTH NO.

1. NAME **Rosena Florence Ellis**

FIRST

MIDDLE

LAST

2. DATE OF DEATH **4-18-51**

MONTH

DAY

YEAR

3. COLOR

OR

RACE **White**

4. SEX

F

5. SINGLE, MARRIED, WIDOWED,

DIVORCED (SPECIFY)

Widow

6. DATE

OF

BIRTH

9-4-1870

7. AGE (IN YEARS

LAST BIRTHDAY)

80

IF UNDER 1 YR.

MONTHS

DAYS

IF UNDER 24 HRS.

HOURS

MINS.

8. PLACE OF DEATH

A. COUNTY **Carroll Rural**B. CIVIL DISTRICT **18**

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)

A. STATE **Tenn.** B. COUNTY **Carroll** C. CIVIL DISTRICT **18**

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Buena Vista, Rural

D. LENGTH OF STAY IN THIS PLACE

9yrs

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Buena Vista, Tennessee

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)

None

E. STREET (IF RURAL, GIVE LOCATION)

ADDRESS **R.F.D.**

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. SOCIAL SECURITY NUMBER

None

12. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO, UNKNOWN

No

IF YES, GIVE WAR AND DATES OF SERVICE

11

13. BIRTHPLACE (State or Foreign Country)

Tennessee

14. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. FATHER'S NAME

Bell Thomas

16. MOTHER'S MAIDEN NAME

Adline Boyd

17. INFORMANT

Johny Elles Buena Vista, Tenn.

ADDRESS

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(A) Arteriosclerosis

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20A. AUTOPSY

YES NO

20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg, etc.)

RECEIVED

21C. PLACE OF INJURY

CITY, TOWN OR RURAL COUNTY STATE

21D. TIME

MONTH DAY YEAR HOUR

OF INJURY

21E. INJURY OCCURRED

WHILE NOT WHILE AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

MAY 8 1951

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

R. W. Wilson

M.D.

OTHER HEALTH DEPT. (SPECIFY)

ADDRESS

Huntingdon

DATE

4-24-51

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23B. DATE OF BURIAL, CREMATION, OR REMOVAL

4-20-51

23C. NAME OF Cemetery or Crematory

Mt. Comfort

23D. LOCATION CITY, TOWN OR COUNTY STATE

Carroll County, Tennessee

24. FUNERAL DIRECTOR

ADDRESS

Buena Vista, Tenn.

25. REGISTRATION

DIST. NO.

40918

26. DATE SIGNED BY

LOCAL REG.

4-28-51

27. REGISTRAR'S SIGNATURE

Mary J. Coleman, Dep.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN CERTIFICATE. PHYSICIAN ATTENDING WITH OFFICER, MUST SIGN CERTIFICATE OF SIGNATURE NOT BE

DEATH.

ONLY ONE LINE FOR THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASPHYXIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.